LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME:	NAIC Company Code:
Contact:	Telephone:
REOUIRED FILINGS IN THE STATE OF: MASSACHUSETTS	Filings Made During the Year 2008

(1) Check- list	(2) Line	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*		(5)	(6) FORM	(7) APPLICABLE	
	#		Dome	stic	Foreign	DUE DATE	SOURCE*	NOTES
			State	NAIC	State	-	**	
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½"x14")	2	EO	XXX	3/3	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E25)	2	EO	XXX	3/3	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	2	EO	XXX	5/15, 8/15, 11/17	NAIC	
	3	Separate Accounts Annual Statement (8 ½"x14")	2	EO	XXX	3/3	NAIC	
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	2	EO	XXX	4/1	NAIC	
	11	Credit Insurance Experience Exhibit	2	EO	XXX	4/1	NAIC	
	12	Interest Sensitive Life Insurance Products Report	2	EO	XXX	4/1	NAIC	
	13	Investment Risk Interrogatories	2	EO	XXX	4/1	NAIC	
	14	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	2	EO	xxx	4/1	NAIC	
	15	Life, Health & Annuity Guaranty Assessment Base	2	EO		4/1	NAIC	
		Reconciliation Exhibit Adjustment Form			XXX			
	16	Long Term Care Experience Reporting Forms	2	EO	XXX	4/1	NAIC	
	17	Management Discussion & Analysis	2	EO	XXX	4/1	Company	
	18	Medicare Supplement Insurance Experience Exhibit	2	EO	XXX	3/3	NAIC	
	19	Medicare Part D Coverage Supplement	2	EO	XXX	3/3, 5/15, 8/15, 11/17	NAIC	
	20	Reasonableness of Assumptions Certification	2	EO	XXX	5/15, 8/15, 11/17	Company	
	21	Reasonableness & Consistency of Assumptions Cert.	2	EO	XXX	5/15, 8/15, 11/17	Company	
	22	Reasonableness of Assumptions Cert. for Implied Guaranteed Rate Method	2	EO	xxx	5/15, 8/15, 11/17	Company	
	23	Reasonableness & Consistency of Assumptions Cert. (Updated Average Market Value)	2	EO	xxx	5/15, 8/15, 11/17	Company	
	24	Reasonableness & Consistency of Assumptions Cert. (Updated Market Value)	2	EO	xxx	5/15, 8/15, 11/17	Company	
	25	Risk-Based Capital Report	2	EO	XXX	3/3	NAIC	
	26	Schedule SIS	2	N/A	N/A	3/3	NAIC	
	27	Statement of Actuarial Opinion	2	EO	XXX	3/3	Company	
	28	Statement of Actuaria Opinion Statement on non-guaranteed elements - Exhibit 5 Int. #3	2	EO	XXX	3/3	Company	
	29	Statement on par/non-par policies – Exhibit 5 Int. 1.1	2	EO	XXX	3/3	Company	
	30	Supplemental Compensation Exhibit	2	N/A	N/A	3/3	NAIC	See Note 1
	31	Supplemental Schedule O	2	EO	XXX	3/3	NAIC	Sec Note 1
	32	Trusteed Surplus Statement	0	EO	XXX	3/3, 5/15, 8/15, 11/17	NAIC	
	33	Workers' Compensation Carve Out Supplement	2	EO	XXX	3/3	NAIC	
	33	III. ELECTRONIC FILING REQUIREMENTS	2	LO	AAA	3/3	NAIC	
	40	Annual Statement Electronic Filing	xxx	1	XXX	3/1	NAIC	
	41	March .PDF Filing	XXX	1	XXX	3/1	NAIC	
	42	Risk-Based Capital Electronic Filing	XXX	1	N/A	3/1	NAIC	
	43	Separate Accounts Electronic Filing	XXX	1	XXX	3/1	NAIC	
	44	Separate Accounts .PDF Filing	XXX	1	XXX	3/1	NAIC	
	45	Supplemental Electronic Filing	XXX	1	XXX	4/1	NAIC	
	46	Supplemental .PDF Filing	XXX	1	XXX	4/1	NAIC	
	47	Quarterly Electronic Filing	XXX	1	XXX	5/15, 8/15, 11/15	NAIC	
	48	Quarterly PDF Filing	XXX	1	XXX	5/15, 8/15, 11/15	NAIC	
	49	June .PDF Filing	XXX	1	XXX	6/1	NAIC	
	† i	IV. AUDITED FINANCIAL STATEMENTS		<u> </u>				
	51	Accountants Letter of Qualifications	2	N/A	N/A	6/2	Company	
	52	Audited Financial Statements	2	1	XXX	6/2	Company	
	53	Audited Financial Statements Exemption Affidavit	2	N/A	N/A	6/2	Company	
	54	Independent CPA	2	N/A	N/A	6/2	Company	
	55	Notification of Adverse Financial Condition	2	N/A	N/A	6/2	Company	
	56	Report of Significant Deficiencies in Internal Controls	2	N/A	N/A	6/2	Company	
	57	Request for Exemption to File	1	N/A	N/A	3/3	Company	
		V. STATE REQUIRED FILINGS					1	
	101	Certificate of Compliance	0	0	0		State	
	102	Certificate of Deposit	0	0	0		State	
	103	Certificate of Valuation	0	0	0		State	
	104	Filings Checklist (with Column 1 completed)	1	0	1		State	
	105	Premium tax	@@@	0	@@@		State	See Note 2
	106	State Filing Fees	0	0	1	3/3	State	See Note 2
	107	Signed Jurat	XXX	XXX	1	3/3, 5/15, 8/15, 11/17	NAIC	See Note 8
	108	Claims in Suit	2	0	1	3/3	Company	See Note 4
	109	Form AR – 1	0	0	1	3/3	State	See Note 5
	110	Holding Company Registration Statement	2	0	1	5/1	Company	See Note 7
	110.0	Holding Company Registration Statement Affidavit	0	0	1	3/3	State	See Note 7
		License Renewal Application	0	0		3/3	State	See Note 3

^{*} If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC.

* If N/A appears in this column, the filing is required with the domiciliary state.

* If EO appears in this column, the filing is an electronic filing only.

* If @@@ appears in the column, please refer to the 2007 Annual Statement Filings Checklist Notes.

**If Form Source is NAIC, the form should be obtained from the appropriate

LIFE, ACCIDENT AND HEALTH INSURERS

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
A	Required Filings Contact Person:	Peter J. Arens
		617-521-7392
		Peter.Arens@state.ma.us or
		Companies.Mailbox@state.ma.us
В	Mailing Address:	Commonwealth of Massachusetts
		Division of Insurance
		Financial Surveillance Section
		One South Station
		Boston, MA 02110-2208
С	Mailing Address for Filing Fees and License Renewal Applications:	Massachusetts Division of Insurance
	Training Tradicoss for Timing Toos and Election Telle war Tippinearons.	Annual Statement Filing / Company
		License Renewal
		PO Box 370039
D	M. T. A. Harris C. Drawi and T. Drawi and	Boston, MA 02241-0739 Commissioner of Revenue
D	Mailing Address for Premium Tax Payments:	
		Banking and Insurance Unit
		200 Arlington Street
		Chelsea, MA 02151
<u> </u>		617-887-6714
Е	Delivery Instructions:	Massachusetts General Laws, Chapter
		175, Section 25 requires that the Annual
		Statement be received on or before
		March 3, 2008. All schedules due on
		that date must be securely attached to the
		appropriate pages or bound separately.
F	Late Filings:	Massachusetts General Laws, Chapter
		175, Section 26 provides for a penalty of
		\$100 per day if the Annual Statement,
		and all other related filings, are not
		received in the proper form and by the
		date required. In addition, any company
		that neglects to file in the proper form
		and by the date required, may be
		required to cease writing new business
-	0::10:	as long as this deficiency continues.
G	Original Signatures:	Original notarized signatures of at least
		two principal officers of the company.
Н	Signature/Notarization/Certification:	Annual Statements must be subscribed
		and sworn before a notary by at least
		two principal officers of the company.
I	Amended Filings:	
J	Exceptions from normal filings:	
K	Bar Codes (State or NAIC):	Please follow the instructions in the
		NAIC Annual Statement Instructions.
L	Signed Jurat:	In lieu of printed copies of annual
		statements, quarterly statements, and
		related filings, Massachusetts requires
		foreign life, accident and health insurers
		to file a Signed Jurat Page
M	NONE Filings:	Please follow the instructions in the
171	TOTAL THINGS.	NAIC Annual Statement Instructions.
N	Filings new, discontinued or modified materially since last year:	
	S and the second	
 1		L

General Instructions For Companies to Use Checklist

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will

not be sending their own checklist this year.

Electronic filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC. Companies are note required to file hard copy filings with the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investments schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The *March .PDF Filing* is .pdf files for annual statement data, detail for investment schedules and supplements due March 1.

The Separate Accounts Electronic Filing includes the separate accounts annual statement and investment schedule detail.

The Separate Accounts .PDF Filing is the .pdf file for the separate accounts annual statement and investment schedule detail.

The Supplemental Electronic Filing includes all supplements due April 1, per the Annual Statement Instructions.

The *Supplemental .PDF Filing* is the .pdf file for all supplements due April 1.

The *Quarterly Electronic Filing* includes the quarterly statement data.

The *Quarterly .PDF Filing* is the .pdf for quarterly statement data.

The *June .PDF Filing* is the .pdf file for the Audited Financial Statements.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (E) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: "NAIC", "State", or "Company". If this column contains "NAIC", the company must obtain the forms from the appropriate vendor. If this column contains "State", the state will provide the forms with the filing instructions (generally, on its website). If this column contains "Company", the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes <u>before</u> submitting a filing.